

STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

PROBATE COURT

**IN THE MATTER OF**

**CASE NUMBER**

**AFFIDAVIT**

The undersigned attorney hereby certifies that the forms to be filed by his/her office from time to time in this matter shall be in compliance with statutory mandates and substantially similar in form, substance, and content to the court approved forms.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina  
My commission expires: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone (O): \_\_\_\_\_  
(H) \_\_\_\_\_

**The purpose of this form is to accompany documents generated by a word-processor/computer which are submitted in place of the Court forms in this package.**